State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001728712

2. Name of Corporation FAITH, HOPE & LOVE MINISTRIES, INC.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
813110

4. Principal Office Address

No. and Street: 3 OLMSTED WAY
APT. 206
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PREACHING & TEACHING THE GOSPEL OF JESUS CHRIST; REACHING OUT TO PEOPLES OF ALL AGES; PROVIDING SERVICES TO THOSE IN NEED IRRESPECTIVE OF CREED, COLOR & ORIENTATION. PROVIDE MEALS, CLOTHING, AND OTHER NECESSITIES TO THE HOMELESS AND OTHERS WHO ARE STRUGGLING TO GET BASIC NECESSITIES TO SURVIVE. THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR

CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL G DANIEL	3 OLMSTED WAY APT 206 PROVIDENCE, RI 02904 USA
TREASURER	ROSELINE B REEVES	3 OLMSTED WAY 206 PROVIDENCE, RI 02904 USA
VICE PRESIDENT	EVA SMITH	3 OLMSTED WAY 206 PROVIDENCE , RI 02904 USA
DIRECTOR	ALEXANDER N KOLLIE	3 OLMSTED WAY 206 PROVIDENCE , RI 02904 USA
DIRECTOR	LILLYMAE M KARPEH	3 OLMSTED WAY 206 PROVIDENCE, RI 02904 USA
DIRECTOR	KONA JAMES STEWART	3 OLMSTED WAY 206 PROVIDENCE, RI 02904 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL G DANIEL 3 OLMSTED WAY. APT. 206 PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of May, 2025 at 9:28:00 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL G DANIEL
Signature of Authorized Person

Form No. 631
Revised 09/07